

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

738784

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	11	→	→	→		
TOTAL CLAIMS	16					

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TOTAL IND.		→	→	→
TOTAL DEP.		→	→	→
TOTAL CLAIMS				